

Attorney's Docket No. _____

COMBINED DECLARATION AND POWER OF ATTORNEY(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that: -

TYPE OF DECLARATION -

This declaration is of the following type: (check one applicable item below)

- ☐ original
☐ design
☐ supplemental

NOTE If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items

- ☒ national stage of PCT

NOTE If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTIONREGULATION OF INTRACELLULAR GLUCOCORTICOID CONCENTRATIONS**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
 (b) ☐ was filed on _____ as ☐ Serial No. 0 / _____
 or ☐ Express Mail No., as Serial No. not yet known _____
 and was amended on _____ (if applicable).

NOTE Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67

- (c) ☒ was described and claimed in PCT International Application No. PCT/GB96/02134 filed on 28th August 1996 and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

- ☐ In compliance with this duty there is attached an information disclosure statement, 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
(e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
GB	9517622.8	29.08.1995	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Henry H. Skillman, Reg.No. 17,352; Patrick J. Hagan, Reg.No.27,64
Donald R. Piper,Jr., Reg.No.29,337

☒ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

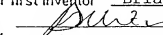
Dann,Dorfman, Herrell & Skillman.P.C., (215)563-4100
1601 Market Street, Suite 720,
Philadelphia, PA 19103-2307

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Brian Robert WALKER

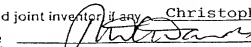
Inventor's signature 

Date 16th Feb 1978 Country of Citizenship United Kingdom

Residence United Kingdom

Post Office Address University of Edinburgh, Department of Medicine,
Western General Hospital, Edinburgh EH4 2XU, United Kingdom

Full name of second joint inventor, if any Christopher Richard Watkin EDWARDS

Inventor's signature 

Date 16th Feb 1978 Country of Citizenship United Kingdom

Residence United Kingdom

Post Office Address Imperial College School of Medicine, Imperial
College, Level 5 Sherfield Building, London SW7 2AZ, United Kingdom

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

- ☒ Signature for third and subsequent joint inventors. Number of pages added
1
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____
- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
☐ Number of pages added _____
- ☒ Authorization of attorney(s) to accept and follow instructions from representative

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

- ☐ This declaration ends with this page

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of)
Brian R. WALKER et al.)
Application No. 09/029, 535)
Filed: February 27, 1998)
For: REGULATION OF INTRACELLULAR)
GLUCOCORTICOID CONCENTRATION)
)
)

Examiner: B. Badio
Group No: 1616

Assistant Commissioner for Patents
Washington, D.C. 20231

ASSOCIATE POWER OF ATTORNEY AND CHANGE
OF CORRESPONDENCE ADDRESS

Please recognize as Associate Practitioner in this case:

Thomas J. Kowalski, Esq.
Frommer, Lawrence & Haug, LLP
745 Fifth Avenue
New York, NY 10151

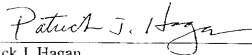
Registration No. 32,147
Telephone: (212) 588-0800

Please direct all future official correspondence concerning this above-identified patent application to the associate attorney at the above address.

Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN
A Professional Corporation
Attorneys for Applicant

By


Patrick J. Hagan

Registration No. 27,643

Telephone: (215) 563-4100

10081785-022202

SIGNATURE(S)

Full name of third joint inventor; if any Jonathan Robert SECKL

Inventor's signature 

Date 15 Feb 1998 Country of Citizenship United Kingdom

Residence United Kingdom

Post Office Address University of Edinburgh, Molecular Medical

Centre, Western General Hospital, Edinburgh EH4 2XU,

United Kingdom

Full name of fourth joint inventor; if any _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full name of fifth joint inventor; if any _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full name of sixth joint inventor; if any _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

10081785.022202

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR AUTHORIZATION OF ATTORNEY(S) TO ACCEPT AND FOLLOW
INSTRUCTIONS FROM REPRESENTATIVE

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from

JY & GW Johnson
Name(s) of authorized representative(s)

Kingsbourne House,
Address

229-231 High Holborn,
London WC1V 7DP ENGLAND

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.